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CONFIRMATION NO. 5096

Bib Data Sheet

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/616,088 | 07/08/2003 | 530 | 1649 | CN01069BQ |
| RULE | | | | |
| APPLICANTS Jiang X. Behan, Edison, NJ; Joseph A. Hedrick, South River, NJ; Thomas M. Laz, Parlin, NJ; Frederick J. Monsma, Summit, NJ; Kelley L. Morse, Livingston, NJ; Shelby P. Umland, Boonton Township, NJ; Suke Wang, Edison, NJ; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 09/812,216 03/19/2001 PAT 6,613,533 which is a DIV of 09/414,010 10/07/1999 PAT 6,204,017 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/15/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY NJ | SHEETS DRAWING 0 | TOTAL CLAIMS 16 |
| INDEPENDENT CLAIMS 2 | | | | |
| ADDRESS 24265 | | | | |
| TITLE HISTAMINE RECEPTOR ANTIBODY | | | | |
| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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